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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BQX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.			
Guy Beardsley Printed Name of Person Mailing Correspondence Signature of Person Mailing Correspondence	700 2		

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)			
Attorney Docket Number	00786/387003		
Applicant	Ausubel et al.		
Title	METHODS FOR SCREENING AND IDENTIFYING HOST PATHOGEN DEFENSE GENES		
PRIORITY INFORMATION:			
This application is a continuation-in-part of U.S. Serial No. 09/827,789 filed on April 6, 2001 which, in turn, claims benefit of U.S. provisional application 60/195,097, filed on April 6, 2000.			
SMALL ENTITY STATUS:			
☐ Applicant claims small entity status under 37 C.F.R. § 1.27.			
APPLICATION ELEMENTS:			
Cover sheet		1 page	
Specification		24 pages	
Claims		8 pages	
Abstract		1 page	
Drawing		4 sheets	
Combined Declaration and POA, which is:		3 pages	
■ Unsigned;			
☐ Newly signed for this application;			
☐ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.			
Sequence Statement			
Sequence Listing on Paper			
Sequence Listing on Diskette			
Small Entity Statement, which is:			
☐ Unsigned;			

☐ Newly signed for this application;		
☐ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.		
Preliminary Amendment		
IDS		
Form PTO 1449		
Cited References		
Recordation Form Cover Sheet and Assignment		
Assignee's Statement		
English Translation		
Certified Copy of Priority Document		
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$740	\$740.00	
Excess Claims Fee: 86 - 20 x \$18	\$1,188.00	
Excess Independent Claims Fee: 8 - 3 x \$84	\$420.00	
Multiple Dependent Claims Fee: \$280	\$	
Total Fees:	\$2,348.00	
■ Enclosed is a check for \$2,348.00 to cover the total fees.		
☐ Charge [\$**AMOUNT**] to Deposit Account No. 03-2095 to	cover the total fees.	
☐ The filing fee is not being paid at this time.		
■ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.		
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CUSTOMER NO: 21559		
Ju Dely	18 October 2001	
Signature (James D. DeCamp, Ph.D. Reg. No. 43 580)	Date	

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